Congress of the United States

Washington, DC 20515

PRIVACY ACT CONSENT FORM

DATE:____

TO WHOM IT MAY CONCERN:	
my approval. I hereby authorize the below lis	ibits the release of information in my file without sted agency (agencies) to provide information a years to the offices of U.S. Congressman Jon C.
Constituent Name:	Address:
City,State,Zip Code:	Phone:
Social Security Number:	Claim/Case Number
Agency(Agencies)	
Signature(s):	
If it will be necessary to have any information released to a third party, such as a parent or spouse, please list third party names here:	
Duis Consideration the different to the second of the seco	(attack additional mass if needed).
Briefly identify the difficulty you are having (attach additional page if needed):	

Please include copies of documentation you may have which would help expedite this inquiry. Please do not send original documents. If you have any questions, call Congressman Jon Porter's office at 702-387-4941 (Las Vegas).